

REQUEST FOR PROPOSALS BOILERPLATE

OPTIONAL FORMS

Staff may use these forms as needed.

Project Summary

Other Funding Sources

Prior, Current and Proposed OCJP Funding

Computer Purchase Face Sheet

WSIN Certification of Compliance

Emergency Fund Procedures

Sole/Single Source Justification Checklist

Disbursement of Confidential Funds Certification

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e. Year 2) or insert the year of operation.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the proposal cover sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the grant award face sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OCJP is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.

PROGRAM SPECIFIC CATEGORIES:

10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **CATEGORY:** Check the appropriate category.
12. **PROGRAM AREA:** Check appropriate program area.
13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g. project staff, government personnel, or outside consultants).
14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.
15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.
16. **RESPONSIBLE OFFICIAL:** [STAFF NOTE: Remove this item if signature is not necessary for program use.] The legally responsible official for the organization should sign and date this document. The official's name and title should be typed in the space provided.

PROJECT SUMMARY

1. PROJECT YEAR

☐ New
☐ Year 2
☐ Year 3
☐ Other _____

2. PROJECT TITLE

3. GRANT PERIOD

_____ To

4. APPLICANT

Name:

Phone: ()

Address:

Fax #: ()

5. FUNDS REQUESTED

\$ _____

6. IMPLEMENTING AGENCY

Name:

Phone: () Fax #: ()

Address:

7. PROGRAM DESCRIPTION

8. PROBLEM STATEMENT

9. OBJECTIVES

10. ACTIVITIES 	11. CATEGORY <div style="text-align: center;"> — — — — </div>																																
13. EVALUATION 	12. PROGRAM AREA <div style="text-align: center;"> — — — — </div>																																
	14. NUMBER OF CLIENTS TO BE SERVED <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>																																
15. PROJECTED BUDGET																																	
<div style="margin-bottom: 10px;">Funds Requested</div> <div style="margin-bottom: 10px;">Other Grant Funds</div> <div style="margin-bottom: 10px;">Other Sources (list in-kind, fees, etc.)</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Personnel Services</th> <th style="width: 25%;">Operating Expenses</th> <th style="width: 25%;">Equipment</th> <th style="width: 25%;">TOTAL</th> </tr> <tr><td style="height: 30px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td><td></td></tr> </table>	Personnel Services	Operating Expenses	Equipment	TOTAL																												
Personnel Services	Operating Expenses	Equipment	TOTAL																														
16. NAME OF RESPONSIBLE OFFICIAL <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature: _____</div> <div>Date: _____</div> </div> <div style="margin-top: 10px;"> Typed Name: _____ Title: _____ </div>																																	

Complete this form to report the total funds available to support the activities related to accomplishing the goals and objectives of the Grant Award Agreement. In the Grant Funds column, report the OCJP funds requested by category; in the Other Funds column, report all other funds available to support the project by category and then calculate the totals by category in the Program Total column. Total each column to arrive at the total program funds available.

OTHER FUNDING SOURCES			
BUDGET CATEGORY	GRANT FUNDS (Use only the grant funds identified in the preceding budget pages.)	OTHER FUNDS	PROGRAM TOTAL
Personal Services			
Operating Expenses			
Equipment			
TOTAL			

OCJP-653
(Rev. 1/94)

THIS FORM DOES NOT BECOME PART OF THE GRANT AWARD.

List all currently funded OCJP projects and all OCJP grants awarded to the applicant during the last five fiscal years. Include the fiscal year of operation, the grant number and the amount of OCJP funding. For current and proposed grants that include positions funded by more than one OCJP grant, list these personnel by title and the percentage of the position funded by OCJP. The percentage of funding must not exceed 100% for any one individual. **For example:**

FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	PERCENTAGE PAID BY OCJP
1993-94	CP93010001	\$50,000	Project Director	25%
1993-94	CR93020001	\$67,000	Project Director	25%
1993-94	DS93020001	\$68,000	Project Director	50%

PRIOR, CURRENT AND PROPOSED OCJP FUNDING				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% OF OCJP FUNDING

COMPUTER PURCHASE FACE SHEET

GRANTEE:

GRANT AWARD NO:

PROJECT TITLE:

GRANT AWARD PERIOD:

From: _____, 19 _____ to _____, 19 _____

Software Cost:

Hardware Cost:

Other Related Items Costs:

\$

\$

\$

Total Proposed Computer System Cost: \$

Total Grant Award Amount: \$

FOR OCJP USE ONLY

	Approved	Denied	
	<input type="checkbox"/>	<input type="checkbox"/>	Program Staff's Signature _____ Date _____
Under \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	Branch Chief's Signature _____ Date _____
\$10,000 and over	<input type="checkbox"/>	<input type="checkbox"/>	Information Systems Branch Chief's Signature _____ Date _____
	<input type="checkbox"/>	<input type="checkbox"/>	Division Chief's Signature _____ Date _____

OFFICE OF CRIMINAL JUSTICE PLANNING

PROGRAMMATIC PURCHASE JUSTIFICATION

As stated in the OCJP Grantee Handbook, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

- A. In narrative form, please answer the following questions. Attach as many pages as necessary to fully answer each question.
1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Award Agreement.
- B. If the request is for hardware and software in which the total costs exceed \$10,000, answer the following questions:
1. Describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one. In your description please be specific as to type and location of hardware/software and how the system will be operated and maintained.
 2. Will the proposed system design meet not only your current, but future needs? Describe in detail.
 3. Does the proposed system integrate with others within the agency? Explain both yes and no responses in detail.
 4. Do you plan on integrating this system with existing city, county, regional or statewide networks? Explain both yes or no responses in detail.
 5. For criminal justice agencies, does the proposed system meet the minimum requirements of the Statewide Integrated Narcotics System (SINS)? Contact OCJP for additional information regarding SINS requirements.
 6. Does the proposed system include intelligence data subject to 28 CFR Part 23 of the Code of Federal Regulations? Contact WSIN regarding these requirements and have them sign the certification of compliance.

WESTERN STATES INFORMATION NETWORK (WSIN)

CRIMINAL INTELLIGENCE SYSTEM

CERTIFICATION OF COMPLIANCE

This is to certify that I, the Executive Director (or designee) for WSIN, have conferred with the applicant (name of grantee)_____ in the design and implementation of this computer system and that it is compatible with the personal computer specifications of the Statewide Integrated Narcotics System.

I further certify that this project is in compliance with the applicable standards for automated criminal intelligence systems as contained in 28 CFR Part 23 of the Code of Federal Regulations.

Executive Director, WSIN

Date

Agency Implementing the System _____

Designated Contact Person _____
(Name) (Phone Number)

Project Location _____

(Applicable to certain federal funds only)

